Scintigraphic evaluation of jejunal interposition after distal esophageal resection for early Barrett’s carcinoma.

Abstract:
Subtotal esophagectomy still is the major treatment for early Barrett’s carcinoma. The inevitable loss of the gastric reservoir leaves an unresolved functional problem. Distal esophageal resection combined with a short jejunal interposition might be a safe alternative with the advantage of better functional results. In this series, 12 or more months after limited surgery for early Barrett’s carcinoma 8 patients underwent functional investigation by alimentary scintigraphy. The activity of a technetium-labeled bolus passing through the esophagus and the jejunal interposition into the stomach was consecutively measured. Compared to 11 healthy controls the transit through the tubular esophagus showed no significant delay; transit time, however, increased with a bolus-induced dilation of the jejunal interposition. The length of the transit time through the jejunal interposition correlated with the length of the jejunal segment. The delay of bolus passage into the stomach did not result in substantial symptoms in jejunal segments shorter than 12 cm. Propulsive activity within the jejunal interposition resulted in a bolus transport into the stomach without any reflux to the esophagus. These data demonstrate good transport function and reflux prevention of short jejunal segments interposed between the esophagus and the stomach.